

PEDv monitoring – Sample Submission Form



For Laboratory Use

Date Received:	Lab Ref:
Clinical Code:	AA Code: 114
Suites/Dets: PEDDEL	Duty Vet:

Farmer name and address
Post code: CPH no:
Production site address if different from above
Post code: CPH no:

Veterinary Practice name and address
Specimen type: Faeces
No. of Specimens:
No of animals sampled:
Date collected:
Date sent:

Species: PORCINE

Farm Type - Please circle

Breeding

Rearing

Finishing

Do you supply pigs to other farms? Please circle

Yes

No

Describe the signs of disease that the pigs are showing: Diarrhoea: Vomiting: Deaths: Any other signs:	Sample number	Pen number	Pig age
	1		
	2		
	3		
	4		
	5		

In the interests of the pig industry and for prompt and effective disease control, I hereby give SAC Vet Services permission to alert industry and disclose my premises/business/CPH as being positive for PED virus. SAC Vet Services will assist your vet with disease control advice as required.

Print Name: Signed: Date: